

# **APPENDIX I**

**Washington State Department of Transportation**

**Public Transportation  
State and Federal Grant Program**

**2005-2007 Application Form**

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# Washington State Department of Transportation

## Public Transportation State and Federal Grant Program

### 2005-2007 Application Form

Funding request for projects beginning July 1, 2005, and ending June 30, 2007.

## SUMMARY SECTION

Complete one SUMMARY SECTION for each application type (operating, capital, project development) per agency/organization.

### General Agency Information

Legal Name of Agency:			
Mailing Address:			
Main Office Address:			
Federal ID Number:			
Contact Person:		Telephone Number	
E-Mail Address:		Fax Number	
Legislative District(s)		Congressional District(s)	

### Transit Agencies Only

Is this application to be funded by the transit formula funds allocated to your transit agency by the Washington State Legislature: \_\_\_\_\_ Yes \_\_\_\_\_ No

*Note: If you answered yes to this question, this application will not be considered for evaluation as part of the competitive grant process, but will be funded based on your formula allocation.*

### Cost Summary

TOTAL COST for all Projects:	\$ _____
Less fares and/or donations	\$ _____
NET COST for all Projects	\$ _____
Funding already secured for this project:	
Federal Funds	_____
State Funds	_____
Local Cash	_____
Partnership Funds	_____
In-Kind Contribution (cash value)	_____
Less TOTAL MATCHING FUNDS for all Projects:	\$ _____
TOTAL REQUEST in this application:	\$ _____

## Type of Grant

What type of grant are you requesting (check one only):

Amount of Request

<input type="checkbox"/>	Capital Grant	\$
<input type="checkbox"/>	Operating Grant	\$
<input type="checkbox"/>	Project Development Grant	\$

## Type of Applicant (check one box only):

<input type="checkbox"/>	Rural Public Transit	<input type="checkbox"/>	Small Urban Public Transit	<input type="checkbox"/>	Urban Public Transit
<input type="checkbox"/>	Private Non-Profit Agency	<input type="checkbox"/>	General Purpose Government (City, County)	<input type="checkbox"/>	Private for Profit
<input type="checkbox"/>	Special District (i.e. School, Port)	<input type="checkbox"/>	Tribal Government	<input type="checkbox"/>	State Agency

### ***Would your agency be willing to receive:***

Federal funds? (Yes or No) \_\_\_\_\_

State funds? (Yes or No) \_\_\_\_\_

## Management and Experience

What experience does your agency have with passenger transportation services?

What experience does your agency have in managing grant awards?

- a) Federal Transit Administration funds
- b) Other Federal funds
- c) State funds

**END OF SUMMARY SECTION**

## PROJECT SECTION

Complete one PROJECT SECTION for each project. If submitting multiple projects, please make additional copies of the entire PROJECT SECTION and submit one for each project.

### ORDER OF PRIORITY NUMBER \_\_\_\_\_

Indicate number according to priority of importance to your organization - begin with number one as the highest priority.

### Project Title

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### Type of Activity

Describe the type(s) of activity to be funded with this application:

A. Sustain Service _____Dial a Ride _____Intercity Bus _____Fixed Route _____Route Deviated
B. Expand Service _____Establish new service area _____Increase frequency _____Extend hours of service _____Reduce Response Time
C. _____Service to provide employment options
D. _____Project Development
D. Equipment Replacement _____Replace vans _____Add wheelchair accessibility _____Replace minibuses _____Replace other equipment _____Replace Buses
D. Fleet Expansion _____Establish new service area _____Increase vehicle capacity _____Extend hours of service _____Add vehicles to fleet _____Reduce response time

## Service Level Information

Please provide the Service Level Information requested below for all operating projects and capital projects for rolling stock purchases:

	July 1, 2003 through June 30, 2004	July 1, 2004 through June 30, 2005	July 1, 2005 through June 30, 2007
	(actual)	(budgeted)	(projected 24 mo)
Vehicle Service Hours*			
Vehicle Service Miles**			
Passenger Trips***			

\* *Total service hours for all vehicles used for the passenger transportation services described in this project.*

\*\* *Include mileage from all vehicles used for passenger transportation services described in this project.*

\*\*\* *Passenger trips include each time a passenger boards a vehicle used for the passenger transportation services described in this project.*

How were your service level estimates developed?

## Project Description

1. Provide a detailed description of the project.
2. What is the need for this service, equipment, or project? How did your agency identify the need?
3. If you receive this grant, how will your community benefit? How will you know if the project was a success?
4. Is the project described in this application included in an agency, local, regional, or statewide plan?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:



4. Describe your agency's plan to continue the proposed project or to proceed to the next phase following the 2005-2007 biennium.
  
  
  
  
  
  
  
  
  
  
5. If you received grant funding in the 2003-2005 biennium, what efforts did you make to acquire permanent funding for that project?
  
  
  
  
  
  
  
  
  
  
6. Describe all your efforts to coordinate, or create partnerships, to support the proposed project.



## Financial Information

## For Operating and Development Grants

7. For operating and project development grants, please report your agency's transportation operating budget for the past two calendar years. In the far right column, indicate how this grant request would be spent **for this project only** during the 2005-2007 timeframe.

	July 1, 2003 through June 30, 2004	July 1, 2004 through June 30, 2005	July 1, 2005 through June 30, 2007 (24 months)
	(actual)	(budgeted)	(project expenses)
<b>Direct Operating</b>			
Labor & Benefits			
Supplies & Fuel			
Insurance			
Maintenance			
Depreciation (only on assets not paid for with state or federal grant funds)			
Other:			
<b>Contracted Services</b>			
<b>Subtotal:</b>			
<b>Administrative</b>			
Labor & Benefits			
Rent & Utilities			
Consultant Services			
Other:			
<b>Subtotal:</b>			
<b>Total Gross Operating Expenses:</b>			
Less Passenger Fares and Donations:			
<b>Total Net Operating Expenses:</b>			

4. What operating revenue has your agency used in the past two years to operate your passenger transportation services? In the far right column, indicate all sources of funding you will use for matching the grant request **for this project only**.

## Revenues

Source	July 1, 2003 through June 30, 2004	July 1, 2004 through June 30, 2005	July 1, 2005 through June 30, 2007 (24 months)
	(actual)	(budgeted)	(local match & project revenues)
Local Funds (list):			
State Funds (list):			*
Federal Funds (list):			*
Other (list):			
<b>Subtotal Operating Revenue:</b>			
Requested Operating/Development Grant:	N/A	N/A	
<b>**Total Operating Revenue:</b>			

*\*For Projected Revenue, do not include any state or federal funds that are requested in this application.*

*\*\*This amount must be equal to **Total Net Operating Expenses** on the previous page.*

## Equipment Request

### For Capital Projects Only

4. Please indicate your equipment request.

[illegible]

**Note:** *Passenger service vehicles transporting less than 15 persons, including the driver, and used for special needs passenger transportation services are exempt from sales tax per RCW 82.08.0287. Rideshare plates are required to exercise this exemption.*

11. List the Vehicle Identification Number (VIN) of the transportation vehicles that you are requesting to replace with these grant funds.

Vehicle Type	Vehicle Make/Model	Vehicle Year	Vehicle Identification Number (VIN)

12. What is the source of the matching funds for this equipment request?

Type of Funding	Amount
Federal:	
State:	
Local:	
Other:	

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## Proposed Project Work Plan

13. Work plan - List all major project tasks and activities in the far left column. Identify the expected project expenditures under the appropriate columns. Indicate whether project tasks are for capital, operating, or development activities.

Tasks/Activities	July 05- Dec 05 (6 months)	Jan 06- June 06 (6 months)	July 06 –June 07 (12 months)
Totals:			

13. Complete the attached Passenger Service Vehicle Inventory Form located on the last page of the application.

**Please Note:** All applicants must complete the Passenger Service Vehicle Inventory Form. Public transit agencies that have submitted a 2004-2010 Transit Development Plan and a PTMS Vehicle or Asset Inventory may substitute that form for the one provided.

**END OF PROJECT SECTION**

## Supplemental Information

Please provide any additional information that could be useful to the evaluators. Try to keep your comments brief. Also you may use this page to elaborate on information that you have provided in other sections of the application. Indicate the specific question number from this application when providing supplemental information.

### Attachments Checklist

	Letters committing matching funds (Required on projects with financial partners)
	Vehicle Inventory (Required on all applications)
	Service area map (Required on all applications)
	Letters of Support (Optional)

## Application Authority

I certify, to the best of my knowledge, that the information in this application is true and accurate and that this organization has the necessary fiscal and managerial capability to implement and manage the project associated with this application.

*NOTE: Your application must be signed by someone authorized to sign contracts on behalf of your organization, such as the Board Chairperson or Chief Executive Officer.*

Applicant Agency \_\_\_\_\_

Project Title \_\_\_\_\_

Name and Title of Signatory \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Supporting Agencies or Organizations

Required for all Financial Partners

Name of Agency or Organization\_\_\_\_\_

Print Name and Title of Signatory \_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

Name of Agency or Organization\_\_\_\_\_

Print Name and Title of Signatory \_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

Name of Agency or Organization\_\_\_\_\_

Print Name and Title of Signatory \_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

Name of Agency or Organization\_\_\_\_\_

Print Name and Title of Signatory \_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

Name of Agency or Organization\_\_\_\_\_

Print Name and Title of Signatory \_\_\_\_\_

Signature \_\_\_\_\_ Date\_\_\_\_\_

## Current Passenger Service Vehicle Inventory

Agency: \_\_\_\_\_

Inventory Date: \_\_\_\_\_

[illegible]

\* Condition of the vehicle(s) should be ranked as follows:

10 = No major problems, only routine preventative maintenance needed.

8 or 9 = Good working order, requiring only nominal or infrequent minor repairs.

5 to 7 = Requires frequent minor repairs or infrequent major repairs.

2 to 4 = Requires frequent major repairs (less than 6 months between repairs).

1 = In poor condition that continued use presents potential problems.



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